

Therapy Agreement

Client Contact details

Name:	Phone Number:
Date of Birth:	Email:
Address and Postcode:	Name of GP Practice:
	Address of practice:
Emergency contact person and phone:	Relationship to you:
Any medical conditions which you feel I may need to know about that may affect you in your session:	

Therapy Agreement between:

All About You - Therapy:.....

The client:.....

The payer (if different):.....

1. Privacy Notice

Your privacy is important to All about You - Therapy and we go to great lengths to protect it. This agreement includes our privacy notice which tells you all about the personal data we hold about you. It explains how we may collect and use your details and tells you about your rights under General Data Protection Regulation ((EU) 2016/679) and any national implementing laws, regulations and secondary legislation, as amended or updated from time to time, in the UK.

2. Information we collect from or about you

We'll only collect and process information about you, provided by you with your consent. Sometimes we have to collect some personal data in line with The General Hypnotherapy Register and National Council of Psychotherapists Code of Ethics. If you don't give us the data we ask for, we may not be able to work with you. All information is stored as confidential data in locked storage.

So that we can provide you with Hypnotherapy treatment, we must have a legal reason to use your personal data, this is usually:

- a) To comply with The General Hypnotherapy Register and National Council of Psychotherapists Code of Ethics
- b) For the purpose of the course of treatment
- c) Under Data Protection Law
- d) With your consent

Your information is not shared with any other parties. There are very specific limited reasons related to therapy for which I may need to share / process your data.

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3. Legitimate interest

- a) It may become necessary during our work together for me to break confidentiality for safeguarding reasons, harm to self or others, acts of terrorism or drug trafficking/money laundering. The information shared will be the minimum required. Your information may be shared with health professional and emergency services as appropriate.
- b) Clinical will. In the event of my death or becoming incapacitated, a family member will pass a sealed envelope containing name and contact details only of my current clients to my peer supervisor. This is to enable my peer supervisor to make contact about my situation and to discuss therapy options going forward to maintain your safety.
- c) We may be required to share information in your notes if I am issued with a court order.
- d) If you ask us to share your notes or information with other medical professionals or your legal representative.

4. How long will we store your information (Date retention schedule)

- a) If you choose not to continue with therapy after your assessment session this information will be disposed of two weeks after, as confidential waste.
- b) If you choose to continue with therapy, client notes are kept confidentially for up to seven years after your last session in line with the requirements of my professional insurance. For under 18's name/contact and notes will be kept for six years after the age of 18 is reached. All information is then destroyed as confidential waste.

5. Your rights and how to contact us

You have the right to:

- a) A copy of the personal data we hold for you
- b) Have your data corrected if it's wrong or incomplete
- c) Have your data deleted or removed if it's no longer needed
- d) Withdraw any permission you've given in respect of your personal data

6. Complaints

If you're not happy with the way your personal data is held or processed please tell us using the messaging service available on www.allaboutyou-therapy.co.uk
You can complain to the Information Commissioners Office (ICO), the UK supervisory authority for data protection issues (www.ico.org.uk).

7. Policy updates

We may update or amend this privacy policy from time to time to comply with law or meet changing business requirements.

8. Confidentiality

It is our professional responsibility to ensure that you receive the mostly appropriate form of help. Should it become clear that what is offered is not the most suitable or helpful approach to meet your needs, we will endeavour to suggest alternative sources of professional support. All decisions are in your best interest. We are bound by the

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appropriate professional body's code of ethics and do not, knowingly work beyond our level of competence.

All information you share is confidential - The exceptions are as follows:

If at any time we deem, in our best interest that you are at risk of harming yourself or others. We reserve the right to contact outside agencies, usually the emergency services. We are required by law to disclose certain information, for example legally we must inform the authorities if you disclose an act of terrorism. In all cases, wherever possible, a break in confidentiality will be discussed with you prior to any action being taken.

9. Working online or telephone sessions

We will fulfil the ethical principles and values set out in this Ethical Framework regardless of whether working online, face to face or using any other methods of communication. When working online or via telephone it is your responsibility to ensure you maintain a private space to hold the interaction to maintain confidentiality for your own interests.

The platform used for conducting online sessions is Zoom and it is your responsibility to ensure that the IT equipment is suitable and stable to meet the needs of the session. Where communication during a session is lost, we will aim to reconnect with you as soon as is practicably possible.

10. Payment Terms

Session	Period	Price
Individual Session	60 mins	£65.00
3 Session Treatment Package	3x 60 mins	£180.00
6 Session Treatment Package	6x 60 mins	£325.00
Smoking / Vaping Cessation	120 mins	£150.00

The firm time boundary of the session is important and your individual session time is reserved for you only. Please arrive at your appointment start time. If you are late, the session will not be extended.

If your payments are being made by a third party, it is your responsibility to ensure that the payer is aware of these terms and that payments are made in compliance with the terms and conditions. A separate payment agreement will need to be formed between All About You – Therapy and the payer. We will not discuss your therapy sessions with the payer although we may need to review your appointment dates to correlate with payments (in accordance with the payment terms above).

To secure your booking, payment for your sessions is due 7 days in advance of your appointment. Payment can be made by Bank Transfer, PayPal, cash or cheque.

Bank name – Natwest, Market Harborough
Account name – All about You - Therapy

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Account Number – 87200422

Sort-code – 53-81-46

PayPal: [paypal.me/allaboutyoutherapy](https://www.paypal.me/allaboutyoutherapy)

11. Cancellation and Rearrangements

For any cancellation made with less than 48 hours notice or no notice, there will be no refund.

Any cancellation made with more than 48 hours notice will be subject to a 50% charge. Where the appointment is rearranged, additional payment will be payable at least 7 days before the new session (or immediately if the arrangement is less than 7 days hence). We will contact you 3 days before your appointment to reaffirm your appointment to minimise inconvenience.

We reserve the right to cancel this agreement where there is repeated cancellation of appointment.

12. Important information regarding therapist's clinical supervision

Supervision is in accordance with the General Hypnotherapy Register and National Council of Psychotherapists' recommendation. This states that all hypnotherapists must have ongoing supervision on a regular basis. The clinical supervisor also follows a professional code of ethics and privacy and confidentiality is paramount. Exceptions to confidentiality apply as above.

13. Disclaimer

Hypnotherapy is a natural and safe, self-help process and is not the practice of medicine. The hypnotherapy services provided are for educational and self-improvement purposes and are not intended for the diagnosis or treatment of any medical or psychological condition. If you have an on-going medical illness or impairment, please consult a medical doctor, psychologist or psychiatrist. We do not represent our services as any form of health care and despite research to the contrary, by law we may make no health benefit claims for our services. We offer hypnosis services in accordance with The Code of Ethics and Standards prescribed by The National General Hypnotherapy Register (Registration Number GHR8298 and National Council of Psychotherapists (Registration Number 361012).

It is your right to refuse any aspect of our services and to seek the services of another counsellor or hypnotherapist at any time.

I declare that I have read this Therapy Agreement and that I fully understand and agree to the terms and conditions described.

Client Signature:

Date:

Therapist Signature:

Date:

Debbie Harris

BA (Hons), D. Hyp, CS, QTS, MNCP, GQHP

www.allaboutyou-therapy.co.uk

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